Remarks

Further and favorable reconsideration is respectfully requested in view of the foregoing amendments and following remarks.

Thus, claims 1 and 2 have been cancelled.

Minor changes have been made in claims 3 and 4, to place them in more conventional form according to U.S. practice.

New claim 5 has been added to the application. This new claim is directed to that portion of claim 3 which relates to a method for inhibition of keloid and/or hypertrophic scar formation. Reference to the wound lesion in claim 5 is supported by page 8, line 13 of the specification.

The patentability of the presently claimed invention over the disclosure of the reference relied upon by the Examiner in rejecting the claims will be apparent upon consideration of the following remarks.

Thus, the rejection of claims 1-4 under 35 USC §102(b) as being anticipated by Cappelli-Schellpfeffer is respectfully traversed.

This reference discloses a method for improving the size and appearance of a healed wound or scar (Abstract). For this purpose, a cyclooxygenase inhibitor is administered to an individual having a healed wound or scar (page 2, lines 20-27). The Examiner also refers to page 3, line 25 to page 4, line 26, which the Examiner indicates discloses the administration of acetylsalicyclic acid to a patient.

However, Cappelli-Schellpfeffer does not disclose that acetylsalicylic acid is effective for inhibition of keloid and/or hypertrophic scar formation, etc. According to Example 1 of the reference, the combination of nabumetone and diphenhydramine was orally administered to the patient. Hydrogel or a gel was co-administered with the drugs and topically applied as gel sheeting . . . (See page 28, lines 19-24.) According to Example 2, nabumetone was orally administered to the patient. Hydrogel sheeting was topically applied . . . (See page 29, lines 16-19.) According to Example 3, nabumetone was orally administered to the patient. Hydrogel sheeting was topically applied . . . (See page 29, last line to page 30, line 3.) According to Example 4, a combination of 2% salicylic acid and hydrogel was topically applied to the patient. (See page 30, lines 21-23.) The patient had orally received acetylsalicylic acid to prevent thromboembolic post-operative complications. (See page 30, lines 15-16.) According to

Example 5, a combination of 2% salicylic acid and hydrogel was topically applied to the patient. (See page 31, lines 6-8.)

As explained above, acetylsalicylic acid was never topically administered to the patients in order to treat a scar or a keloid. In case of topical administration, the effect on a scar was confirmed only on 2% salicylic acid. In case of nabumetone, the effect on a scar, etc. was confirmed only when the drug was orally administered. Surprisingly, in Example 4 of the reference, acetylsalicylic acid (325mg tablet) was already orally administered to prevent thromboembolic post operative complications, before receiving the treatment of the reference.

It is described in the reference that the invention provides for administration of the cyclooxygenase inhibitor that is either a topical or transdermal administration, an oral administration, etc. (See page 12, lines 4-9.)

In regard to acetylsalicylic acid, the reference reveals that even when this drug is orally administered to the patient suffering from a scar, etc., it is not effective. Therefore, the description that the cyclooxygenase inhibitor can be used orally or topically contradicts the description of Example 4.

Thus, Capelli-Schellpfeffer describes a method for improving the size and appearance of a healed wound which includes contacting the healed wound with a hydrogel that elevates the surface temperature of the healed wound, the hydrogel containing an effective amount of acetylsalicylic acid. In other parts of the reference, it is described that acetylsalicylic acid can be used.

However, as explained above, there is no working example in the reference in which acetylsalicylic acid is used for treating a scar, etc., by topical administrating the drug to the patient; and there is no data supporting that topical acetylsalicylic acid is effective for treating a scar, etc.

Even if acetylsalicylic acid is a cyclooxygenase inhibitor, it was not confirmed that all cyclooxygenase inhibitors exhibit effectiveness for treating a scar, etc., because only salicylic acid exhibits such an activity in topical application. The notion that (topical) acetylsalicylic acid is effective for treating a scar, etc. is based completely on speculation. Applicants believe that the present invention, completed on the basis of concrete data, should not be denied by the reference disclosure based on speculation.

For these reasons, Applicants take the position that the subject matter of claims 3 and 4 is not anticipated by the Cappelli-Schellpfeffer reference.

Furthermore, as indicated above, new claim 5 is directed to a method for **inhibition** of keloid and/or hypertrophic scar **formation** by administering the acetylsalicyclic acid or salt to a wound lesion of a patient. On the other hand, the Cappelli-Schellpfeffer reference is directed to treatment of a **healed** wound or scar, as recognized by the Examiner. This disclosure would not suggest the use of acetylsalicyclic acid for **inhibiting scar formation**, to which new claim 5 is directed. For this additional reason, the subject matter of this claim is considered to be clearly patentable over the reference.

Therefore, in view of the foregoing amendments and remarks, it is submitted that the ground of rejection set forth by the Examiner has been overcome, and that the application is in condition for allowance. Such allowance is solicited.

Respectfully submitted,

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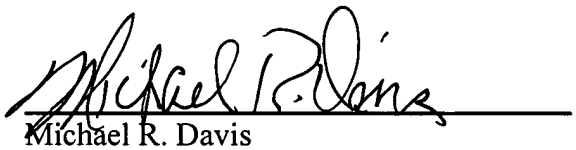
By: 

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